

# **County Mental Health System Appropriations Bill Senate File 440**

Last Action:

**Senate Appropriations  
Committee**

April 11, 2013

**An Act relating to human services involving mental health and disability services and children's services, making appropriations, and including effective dates.**

**Fiscal Services Division  
Legislative Services Agency**

## **NOTES ON BILLS AND AMENDMENTS (NOBA)**

Available on line at <http://www.legis.iowa.gov/LSAReports/noba.aspx>  
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## **EXECUTIVE SUMMARY**

### **COUNTY MENTAL HEALTH SYSTEM APPROPRIATIONS BILL**

**SENATE FILE 440**

#### **FUNDING SUMMARY**

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Senate File 440 appropriates \$29.8 million to the county mental health system based on a formula that provides appropriations based on both county deficits and a general per capita increase based on the general population of each county.

Page 1, Line 1

The Bill makes various changes to Mental Health Redesign provisions passed during the 2012 Legislative session.

The Bill requests the Legislative Council to continue the General Assembly's mental health/disability services (MH/DS) Redesign Fiscal Viability Study Committee that met during the 2012 Interim.

The Bill creates a Children's Cabinet to provide guidance, oversight, problem solving, and long-term development strategies to promote the well being of children in Iowa.

The Bill requires the Department of Public Health to create a Center for Child Health Excellence and Innovation to provide a policy forum for efforts to improve child health.

Senate File 440 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
1	4	1	Add	331.388.3A
1	12	2	Amend	331.393.4.g
1	30	3	Amend	331.397.5.b
1	34	4	Amend	331.397.6.d
2	7	5	Amend	331.397.7.b,c
2	21	6	Add	331.395.5
2	32	7	Amend	331.396.1.b
3	13	8	Amend	331.396.2.b
3	29	9	Amend	331.397.2.b
4	8	10	Amend	331.397.4.c,d
4	26	11	Amend	426b.3.4
10	21	21	Amend	225C.4.1.j
10	34	22	Amend	225C.6A
13	35	23	Repeal	225C.4.1.j
14	3	24	Repeal	225C.6A
14	7	25	New	242.1
14	19	26	New	242.2
16	6	27	New	242.3
18	9	29	Add	135.11.32

1 1 DIVISION I  
 1 2 SYSTEM REDESIGN — IMPLEMENTATION  
 1 3 RESEARCH-BASED PRACTICE

1 4 Section 1. Section 331.388, Code 2013, is amended by adding  
 1 5 the following new subsection:  
 1 6 NEW SUBSECTION 4A. "Research-based practice" means a  
 1 7 service or other support in which the efficacy of the service  
 1 8 or other support is recognized as an evidence-based practice,  
 1 9 or is deemed to be an emerging and promising practice, or which  
 1 10 is part of a demonstration and will supply evidence as to the  
 1 11 effectiveness of the service or other support.

CODE: Defines the term "research-based practice" to mean a service or other support where the efficacy of the service or other support is recognized as an evidence-based practice, or is deemed to be an emerging or promising practice, or is part of a demonstration and will supply evidence as to effectiveness.

1 12 Sec. 2. Section 331.393, subsection 4, paragraph g,  
 1 13 unnumbered paragraph 1, Code 2013, is amended to read as  
 1 14 follows:  
 1 15 The requirements for designation of targeted case management  
 1 16 providers and for implementation of ~~evidence-based~~ models  
 1 17 of case management that apply research-based practice. The  
 1 18 requirements shall be designed to provide the person receiving  
 1 19 the case management with a choice of providers, allow a  
 1 20 service provider to be the case manager but prohibit the  
 1 21 provider from referring a person receiving the case management  
 1 22 only to services administered by the provider, and include  
 1 23 other provisions to ensure compliance with but not exceed  
 1 24 federal requirements for conflict-free case management. The  
 1 25 qualifications of targeted case managers and other persons  
 1 26 providing service coordination under the management plan shall  
 1 27 be specified in the rules. The rules shall also include but  
 1 28 are not limited to all of the following relating to targeted  
 1 29 case management and service coordination services:

CODE: Changes Mental Health redesign related Code requirements for evidence-based practice to research-based practice.

1 30 Sec. 3. Section 331.397, subsection 5, paragraph b, Code  
 1 31 2013, is amended to read as follows:  
 1 32 b. Providing ~~evidence-based~~ services that apply  
 1 33 research-based practice.

CODE: Changes Mental Health redesign related Code requirements for evidence-based practice to research-based practice.

1 34 Sec. 4. Section 331.397, subsection 6, paragraph d, Code  
 1 35 2013, is amended to read as follows:  
 2 1 d. Advances in the use of ~~evidence-based~~ treatment applying  
 2 2 research-based practice, including but not limited to all of  
 2 3 the following:  
 2 4 (1) Positive behavior support.  
 2 5 (2) Assertive community treatment.  
 2 6 (3) Peer self-help drop-in centers.

CODE: Changes Mental Health redesign related Code requirements for evidence-based practice to research-based practice.

2 7 Sec. 5. Section 331.397, subsection 7, paragraphs b and c,

CODE: Changes Mental Health redesign related Code requirements for

2 8 Code 2013, are amended to read as follows:  
 2 9 b. ~~The efficacy of the services or other support is are~~  
 2 10 ~~recognized as an evidence-based a research-based practice, is~~  
 2 11 ~~deemed to be an emerging and promising practice, or providing~~  
 2 12 ~~the services is part of a demonstration and will supply~~  
 2 13 ~~evidence as to the services' effectiveness.~~  
 2 14 c. A determination that the services or other support  
 2 15 provides an effective alternative to existing services  
 2 16 that have been shown by the ~~evidence research~~ base to be  
 2 17 ineffective, to not yield the desired outcome, or to not  
 2 18 support the principles outlined in *Olmstead v.L.C.*, 527 U.S.  
 2 19 581 (1999).

evidence-based practice to research-based practice.

## 2 20 COMMUNITY CORRECTIONS SYSTEM ACCESS TO REGIONAL SERVICES

2 21 Sec. 6. Section 331.395, Code 2013, is amended by adding the  
 2 22 following new subsection:  
 2 23 NEW SUBSECTION 5. If adequate funding is provided through  
 2 24 a state appropriation made for purposes of paying for services  
 2 25 authorized pursuant to this subsection, a person with an income  
 2 26 within the level specified in subsection 1 who is housed by or  
 2 27 supervised by a judicial district department of correctional  
 2 28 services established under chapter 905 shall be deemed to  
 2 29 have met the income and resource eligibility requirements for  
 2 30 services under the regional service system.

CODE: Amends statutory language relating to financial eligibility requirements for the regional service system to provide eligibility for persons that meet income requirements and are housed by or supervised by community-based correctional services, if a state appropriation is made to cover the service costs.

DETAIL: No State appropriations have currently been made for this provision.

## 2 31 ELIGIBILITY MAINTENANCE

2 32 Sec. 7. Section 331.396, subsection 1, paragraph b, Code  
 2 33 2013, is amended to read as follows:  
 2 34 b. The person is at least eighteen years of age and is a  
 2 35 resident of this state. However, a person who is seventeen  
 3 1 years of age, is a resident of this state, and is receiving  
 3 2 publicly funded children's services may be considered eligible  
 3 3 for services through the regional service system during the  
 3 4 three-month period preceding the person's eighteenth birthday  
 3 5 in order to provide a smooth transition from children's  
 3 6 to adult services. In addition, a person who is less than  
 3 7 eighteen years of age and a resident of this state may be  
 3 8 eligible, as determined by the region, for those mental health  
 3 9 services made available to all or a portion of the residents  
 3 10 of the region of the same age and eligibility class under the  
 3 11 county management plan of one or more counties of the region  
 3 12 applicable prior to formation of the region.

CODE: Amends statutory language relating to diagnosis and functional assessment requirements for eligibility for the regional service system to allow a child to be eligible, as determined by the region, for those mental health or intellectual disability services provided to residents of the same age and eligibility class under an approved county management plan of one or more counties of the region prior to formation of the region.

3 13 Sec. 8. Section 331.396, subsection 2, paragraph b, Code  
3 14 2013, is amended to read as follows:  
3 15 b. The person is at least eighteen years of age and is a  
3 16 resident of this state. However, a person who is seventeen  
3 17 years of age, is a resident of this state, and is receiving  
3 18 publicly funded children's services may be considered eligible  
3 19 for services through the regional service system during the  
3 20 three-month period preceding the person's eighteenth birthday  
3 21 in order to provide a smooth transition from children's  
3 22 to adult services. In addition, a person who is less than  
3 23 eighteen years of age and a resident of this state may be  
3 24 eligible, as determined by the region, for those intellectual  
3 25 disability services made available to all or a portion of the  
3 26 residents of the region of the same age and eligibility class  
3 27 under the county management plan of one or more counties of the  
3 28 region applicable prior to formation of the region.

CODE: Amends statutory language relating to diagnosis and functional assessment requirements for eligibility for the regional service system to allow a child to be eligible, as determined by the region, for those mental health or intellectual disability services provided to residents of the same age and eligibility class under an approved county management plan of one or more counties of the region prior to formation of the region.

3 29 Sec. 9. Section 331.397, subsection 2, paragraph b, Code  
3 30 2013, is amended to read as follows:  
3 31 b. Until funding is designated for other service  
3 32 populations, eligibility for the service domains listed in this  
3 33 section shall be limited to such persons who are in need of  
3 34 mental health or intellectual disability services. However, if  
3 35 a county in a region was providing services to an ~~individual~~  
4 1 ~~person~~ eligibility class of persons with a developmental  
4 2 disability other than intellectual disability or a brain injury  
4 3 prior to formation of the region, the ~~individual person class~~  
4 4 of persons shall remain eligible for the services provided when  
4 5 the region is formed, provided that funds are available to  
4 6 continue such services.

CODE: Amends requirements relating to regional core services to allow individuals with a developmental disability or a brain injury who was receiving services prior to formation of a region remains eligible for the services after formation of the region, subject to the availability of funding.

4 7 CORE SERVICES

4 8 Sec. 10. Section 331.397, subsection 4, paragraphs c and d,  
4 9 Code 2013, are amended to read as follows:  
4 10 c. Support for community living and other living  
4 11 arrangements, including but not limited to all of the  
4 12 following:  
4 13 (1) Home health aide.  
4 14 (2) Home and vehicle modifications.  
4 15 (3) Respite.  
4 16 (4) Supportive community living.  
4 17 (5) Residential care facility living arrangements.  
4 18 d. Support for employment and work activity, including but  
4 19 not limited to all of the following:  
4 20 (1) Day habilitation.

CODE: Amends the core services domains to add residential care facility living arrangements and other work activity services.

- 4 21 (2) Job development.  
 4 22 (3) Supported employment.  
 4 23 (4) Prevocational services.  
 4 24 (5) Other work activity services.

4 25 STATE PAYMENTS TO REGION

4 26 Sec. 11. Section 426B.3, subsection 4, as enacted by 2012  
 4 27 Iowa Acts, chapter 1120, section 137, is amended to read as  
 4 28 follows:  
 4 29 4. a. For the fiscal years beginning July 1, 2013, and  
 4 30 July 1, 2014, a county with a county population expenditure  
 4 31 target amount that exceeds the amount of the county's base year  
 4 32 expenditures for mental health and disabilities services shall  
 4 33 receive an equalization payment for the difference.  
 4 34 b. The equalization payments determined in accordance  
 4 35 with this subsection shall be made by the department of human  
 5 1 services for each fiscal year as provided in appropriations  
 5 2 made from the property tax relief fund for this purpose. If  
 5 3 the county is part of a region that has been approved by the  
 5 4 department in accordance with section 331.389, to commence  
 5 5 partial or full operations, the county's equalization payment  
 5 6 shall be remitted to the region for expenditure as approved by  
 5 7 the region's governing board.

CODE: Amends statutory language relating to state payments to regions to specify that if a county is part of a region that has been approved by the Department of Human Services (DHS), the equalization payment will be remitted to the region as approved by the region's governing board.

5 8 STRATEGIC PLAN REQUIREMENT FOR FY 2013-2014

5 9 Sec. 12. 2012 Iowa Acts, chapter 1128, section 8, is amended  
 5 10 to read as follows:  
 5 11 SEC. 8. COUNTY MENTAL HEALTH, ~~MENTAL RETARDATION~~  
 5 12 INTELLECTUAL DISABILITY , AND DEVELOPMENTAL DISABILITIES  
 5 13 SERVICES MANAGEMENT PLAN — STRATEGIC PLAN. Notwithstanding  
 5 14 section 331.439, subsection 1, paragraph "b", subparagraph (3),  
 5 15 counties are not required to submit a three-year strategic  
 5 16 plan by April 1, 2012, to the department of human services. A  
 5 17 county's strategic plan in effect as of the effective date of  
 5 18 this section shall remain in effect until the regional service  
 5 19 system management plan for the region to which the county  
 5 20 belongs is approved in accordance with section 331.393, subject  
 5 21 to modification before that date as necessary to conform with  
 5 22 statutory changes affecting the plan and any amendments to the  
 5 23 plan that are adopted in accordance with law.

CODE: Amends provisions relating to strategic plan requirements.

5 24 RISK POOL DISTRIBUTIONS

5 25 Sec. 13. 2012 Iowa Acts, chapter 1128, section 6,  
 5 26 subsections 5 and 6, as amended by 2012 Iowa Acts, chapter  
 5 27 1133, section 67, are amended to read as follows:  
 5 28 5. If moneys from a distribution made under this section are  
 5 29 not expended by a county by June 30, ~~2013~~ 2015, for services  
 5 30 provided by that date under the applicable service management  
 5 31 plan, the county shall reimburse the unexpended moneys to the  
 5 32 department by August 30, ~~2013~~ 2015, and the moneys reimbursed  
 5 33 shall be credited to the risk pool in the property tax relief  
 5 34 fund.  
 5 35 6. The risk pool board shall submit annual reports to the  
 6 1 governor and general assembly on or before December 31, ~~2012~~  
 6 2 ~~and 2013~~, regarding the expenditure of funds distributed under  
 6 3 this section. The final annual report shall be submitted on or  
 6 4 before December 31, 2015.

CODE: Amends SF 2071 (FY 2012 Supplemental Appropriations Act)  
 to extend the period of time for a county to expend its risk pool  
 distribution from June 30, 2013, to June 30, 2015.

DETAIL: It is estimated that this will only effect two counties; Polk will  
 retain \$2.6 million, and Clinton will retain \$25,000.

#### 6 5 TRANSITION FUND — SERVICES MAINTENANCE

6 6 Sec. 14. TRANSITION FUND — SERVICES MAINTENANCE. A county  
 6 7 receiving an allocation of funding from the mental health and  
 6 8 disability services redesign transition fund created in 2012  
 6 9 Iowa Acts, chapter 1120, section 23, shall utilize the funding  
 6 10 received by the county as necessary for the services covered  
 6 11 in accordance with the county's approved management plan in  
 6 12 effect as of June 30, 2012, for the fiscal year beginning July  
 6 13 1, 2012, and ending June 30, 2013.

Specifies that if a county receives an allocation of funding from the  
 mental health and disability services redesign transition fund, the  
 county is required to utilize the funding provided in accordance with  
 the county's approved service management plan in effect as of June  
 30, 2012.

#### 6 14 REDESIGN EQUALIZATION PAYMENTS AND RISK POOL

6 15 Sec. 15. EQUALIZATION PAYMENTS AND RISK POOL.  
 6 16 1. There is transferred from the general fund of the state  
 6 17 to the property tax relief fund created in section 426B.1  
 6 18 for the fiscal year beginning July 1, 2012, and ending June  
 6 19 30, 2013, the following amount to be used for the purposes  
 6 20 designated:  
 6 21 ..... \$ 29,820,478

Provides an FY 2013 supplemental appropriation from the General  
 Fund to the Property Tax Relief Fund to be used in FY 2014.

6 22 2. The moneys credited to the property tax relief fund in  
 6 23 accordance with this section are appropriated to the department  
 6 24 of human services for the fiscal year beginning July 1, 2013,  
 6 25 and ending June 30, 2014, for distribution to counties and  
 6 26 regions in accordance with this section. If a county is  
 6 27 part of a region that has been approved by the department to  
 6 28 commence partial or full operations in accordance with section  
 6 29 331.389 for the fiscal year, the county's payment made pursuant

Specifies that if a county is part of an approved region, the county's  
 payment must be submitted to the region for expenditure, as approved  
 by the region's governing board. These payments are made in lieu of  
 equalization payments.



6 30 to this section shall be remitted to the region for expenditure  
6 31 as approved by the region's governing board. The payments made  
6 32 under this section are in lieu of equalization payments for the  
6 33 fiscal year beginning July 1, 2013, otherwise required under  
6 34 section 426B.3, as amended by 2012 Iowa Acts, section 137.

6 35 3. Of the amount appropriated in this section, \$18,373,854  
7 1 shall be distributed to counties as per capita growth payments  
7 2 in accordance with this section.

Distributes \$18,373,854 to counties as a \$6.00 dollar per capita growth payment.

DETAIL: This is a new distribution for FY 2014.

7 3 4. A per capita growth amount shall be distributed to each  
7 4 county in two payments. The provisional per capita growth  
7 5 amount for the fiscal year is \$6.00, with the final amount  
7 6 determined in accordance with subsection 5. A county's first  
7 7 per capita growth payment shall be the product of \$5.00 of the  
7 8 provisional per capita growth amount times the county's general  
7 9 population for the fiscal year.

Specifies there will be an estimated \$6.00 per capita payment made to the counties distributed in two payments. The first payment will be \$5.00 per capita based on a county's general population.

7 10 5. The moneys transferred to the property tax relief fund  
7 11 for the fiscal year beginning July 1, 2013, from the federal  
7 12 social services block grant pursuant to 2013 Iowa Acts, House  
7 13 File 614, or any other 2013 Iowa Acts, if enacted and from the  
7 14 federal temporary assistance for needy families block grant,  
7 15 totaling \$11,251,443, are appropriated to the department of  
7 16 human services for the fiscal year beginning July 1, 2013, to  
7 17 be used for distribution of state payment program remittances  
7 18 to counties for the fiscal year in accordance with this  
7 19 subsection. The state payment program remittance shall be an  
7 20 amount equal to the amount paid to a county of residence under  
7 21 the program for state case services known as the state payment  
7 22 program, implemented pursuant to section 331.440, subsection 5,  
7 23 for the fiscal year beginning July 1, 2011.

Specifies that \$11,251,443 will be appropriated from the Social Services Block Grant and distributed to counties in the same amount the State Cases Program payments were distributed in FY 2012.

7 24 6. The first per capita growth payment due a county under  
7 25 subsection 4 and any state payment program remittance due a  
7 26 county under subsection 5, shall be combined and remitted to  
7 27 the counties on or before July 15, 2013.

Specifies the Social Services Block Grant fund payment and the \$5.00 per capita payment will be made to the counties by July 15, 2013.

7 28 7. a. Of the amount appropriated in this section,  
7 29 \$11,446,624 shall be distributed to counties as stabilization  
7 30 payments in accordance with this subsection. A stabilization  
7 31 payment shall be distributed to each county for which the  
7 32 amount of net expenditures from the county's services fund  
7 33 under section 331.424A for the fiscal year beginning July 1,  
7 34 2012, exceeds the sum of the county's state payment program  
7 35 remittance under subsection 5 plus the dollar amount of the  
8 1 county's services fund levies for the fiscal year beginning

Allocates \$11,446,624 for stabilization payments to those counties where the mental health and disabilities services fund net expenditures for FY 2013 exceed the sum of the counties' State Payment Program remittances plus the services fund levies for FY 2014.

8 2 July 1, 2013. A county's stabilization payment amount shall  
8 3 be equal to the excess net expenditures amount. To receive a  
8 4 stabilization payment, the county shall submit a request for  
8 5 the payment to the department of human services not later than  
8 6 December 1, 2013, with documentation detailing and verifying  
8 7 the county's net expenditures from the services fund for the  
8 8 fiscal year beginning July 1, 2012, and certifying the county's  
8 9 levies for the services fund for the fiscal year beginning July  
8 10 1, 2013.

8 11 b. If the sum of the total of all eligible counties'  
8 12 stabilization payments plus the product of \$1.00 of the  
8 13 provisional per capita growth payment amount under subsection  
8 14 4 times the state's general population for the fiscal year is  
8 15 greater or less than the amount of moneys remaining after the  
8 16 first per capita growth payments made pursuant to subsection  
8 17 4 and the amount allocated in this subsection, the department  
8 18 shall identify a final per capita growth amount by adjusting  
8 19 the provisional per capita growth amount as necessary to  
8 20 distribute all of the moneys remaining. If the total of the  
8 21 stabilization payments exceeds the amount allocated in this  
8 22 subsection, the provisional per capita growth amount shall be  
8 23 reduced to provide sufficient funding to address the excess.  
8 24 If the total of the stabilization payments is less than the  
8 25 amount allocated in this subsection, the provisional per  
8 26 capita growth amount shall be increased to address the reduced  
8 27 amount. A county's second per capita growth payment shall be  
8 28 the product of the remainder of the final per capita growth  
8 29 amount as adjusted by the department times the county's general  
8 30 population for the fiscal year.

Distributes the remaining monies available in the fund to counties on a per capita basis. The per capita payment is estimated to be \$1.00 per capita of the counties general population.

8 31 c. Each county's second per capita growth payment shall be  
8 32 combined with any stabilization payment due the county. The  
8 33 payments shall be remitted to the counties on or before January  
8 34 2, 2014.

Specifies that the stabilization payment and the second \$1.00 per capita payment are to be distributed to the counties by January 2, 2014.

8 35 SUBSTANCE-RELATED DISORDER DETOXIFICATION

9 1 Sec. 16. COORDINATION OF DETOXIFICATION SERVICES. The  
9 2 department of human services shall review options for the  
9 3 mental health and disability services regions to coordinate  
9 4 detoxification funding provided by counties and other such  
9 5 disorder funding provided by counties in place of county  
9 6 coordination. The department shall report to the governor and  
9 7 general assembly its findings, options, and recommendations on  
9 8 or before October 15, 2013.

Requires DHS to review options for the mental health/disability services (MH/DS) regions to coordinate the county funding for detoxification and other county-provided disorder funding in place of county coordination. The DHS is required to report to the Governor and General Assembly its findings, options, and recommendations by October 15, 2013.

9 9 MEDICAID OBLIGATION COST SETTLEMENT

9 10 Sec. 17. COUNTY MEDICAL ASSISTANCE NONFEDERAL SHARE —  
 9 11 COST SETTLEMENT. Any county obligation for payment to the  
 9 12 department of human services of the nonfederal share of the  
 9 13 cost of services provided under the medical assistance program  
 9 14 prior to July 1, 2012, pursuant to sections 249A.12 and  
 9 15 249A.26, shall remain at the amount agreed upon as of June 30,  
 9 16 2013. Beginning July 1, 2013, other than a county payment on  
 9 17 the obligation or for a charge when the county is the provider  
 9 18 of the service, the department shall be responsible for any  
 9 19 adjustment that would otherwise be applied to the amount of the  
 9 20 county obligation after that date due to cost settlement of  
 9 21 charges or other reasons.

Any county obligation for payment to the DHS of the nonfederal share of the cost of Medicaid services prior to July 1, 2012, is required to remain at the amount agreed upon as of June 30, 2013.

9 22 COUNTY MENTAL HEALTH AND DISABILITY  
 9 23 SERVICES FUND — FY 2013-2014

9 24 Sec. 18. SERVICES FUND — MANAGEMENT PLAN. For the fiscal  
 9 25 year beginning July 1, 2013, and ending June 30, 2014, the  
 9 26 appropriations made by the county board of supervisors for  
 9 27 payment for mental health and disability services pursuant  
 9 28 to section 331.424A, subsection 3, as enacted by 2012 Iowa  
 9 29 Acts, chapter 1120, section 132, shall be made in accordance  
 9 30 with the county's service management plan approved under  
 9 31 section 331.439, Code 2013, until the county management plan is  
 9 32 replaced by a regional service system management plan approved  
 9 33 under section 331.393.

For FY 2013, until the county management plan for MH/DS is replaced with a regional services system management plan, the county management plan remains applicable.

9 34 Sec. 19. CONTINUATION OF MENTAL HEALTH AND DISABILITY  
 9 35 SERVICES REDESIGN FISCAL VIABILITY STUDY COMMITTEE. The  
 10 1 legislative council is requested to continue for the 2014  
 10 2 legislative interim the mental health and disability services  
 10 3 redesign fiscal viability study committee initially created by  
 10 4 the legislative council in 2013. The legislative council is  
 10 5 requested to add at least four citizen members to the study  
 10 6 committee to provide representation for service consumers,  
 10 7 service providers, county supervisors, and the community  
 10 8 services affiliate of the Iowa state association of counties.  
 10 9 In addition to monitoring implementation of the mental health  
 10 10 and disability services redesign and receiving reports from  
 10 11 stakeholder groups engaged in implementation of the redesign,  
 10 12 the study committee shall be directed to propose a permanent  
 10 13 approach for state, county, and regional financing of the  
 10 14 redesign.

Requests the Legislative Council continue the General Assembly's MH/DS Redesign Fiscal Viability Study Committee that met during the 2012 Interim for the 2013 Interim, and add at least four citizen members.

DETAIL: The Council is asked to direct the study committee to propose a permanent approach for financing the MH/DS redesign.

10 15 Sec. 20. EFFECTIVE UPON ENACTMENT. This division of this  
 10 16 Act, being deemed of immediate importance, takes effect upon

This Division is effective on enactment.

10 17 enactment.

10 18 DIVISION II  
10 19 DATA AND STATISTICAL INFORMATION AND OUTCOME AND PERFORMANCE  
10 20 MEASURES

10 21 Sec. 21. Section 225C.4, subsection 1, paragraph j, Code  
10 22 2013, is amended to read as follows:  
10 23 j. Establish and maintain a data collection and management  
10 24 information system oriented to the needs of patients,  
10 25 providers, the department, and other programs or facilities in  
10 26 accordance with section 225C.6A. The system shall be used to  
10 27 identify, collect, and analyze service outcome and performance  
10 28 measures data in order to assess the effects of the services on  
10 29 the persons utilizing the services. The administrator shall  
10 30 annually submit to the commission information collected by the  
10 31 department indicating the changes and trends in the disability  
10 32 services system. The administrator shall make the outcome data  
10 33 available to the public.

CODE: Amends the duties of the DHS MH/DS Division Administrator relating to data and performance measures.

10 34 Sec. 22. Section 225C.6A, Code 2013, is amended to read as  
10 35 follows:  
11 1 225C.6A DISABILITY SERVICES SYSTEM ~~—REDESIGN~~ CENTRAL DATA  
11 2 REPOSITORY .  
11 3 1. The commission department shall do the following  
11 4 relating to redesign of data concerning the disability services  
11 5 system in the state:  
11 6 ~~—1. Identify sources of revenue to support statewide~~  
11 7 ~~delivery of core disability services to eligible disability~~  
11 8 ~~populations.~~  
11 9 ~~—2. Ensure there is a continuous improvement process for~~  
11 10 ~~development and maintenance of the disability services system~~  
11 11 ~~for adults and children. The process shall include but is not~~  
11 12 ~~limited to data collection and reporting provisions.~~  
11 13 ~~—3. a. Plan, collect, and analyze data as necessary to~~  
11 14 ~~issue cost estimates for serving additional populations and~~  
11 15 ~~providing core disability services statewide. The department~~  
11 16 ~~shall maintain compliance with applicable federal and state~~  
11 17 ~~privacy laws to ensure the confidentiality and integrity of~~  
11 18 ~~individually identifiable disability services data. The~~  
11 19 ~~department shall regularly~~ may periodically ~~assess the status~~  
11 20 ~~of the compliance in order to assure that data security is~~  
11 21 ~~protected.~~  
11 22 ~~b.—In implementing~~ Implement a system central data  
11 23 repository under this ~~subsection~~ section for collecting and  
11 24 analyzing state, county and region, and private contractor  
11 25 data, ~~the~~ The department shall establish a client identifier  
11 26 for the individuals receiving services. ~~The client identifier~~

CODE: Makes changes relating to Disability Services System Redesign, to delineate requirements pertaining to MH/DS State collection and management information systems and outcome and performance data.

11 27 shall be used in lieu of the individual's name or social  
11 28 security number. The client identifier shall consist of the  
11 29 last four digits of an individual's social security number,  
11 30 the first three letters of the individual's last name, the  
11 31 individual's date of birth, and the individual's gender in an  
11 32 order determined by the department.

11 33 c. Consult on an ongoing basis with regional administrators,  
11 34 service providers, and other stakeholders in implementing the  
11 35 central data repository and operations of the repository. The  
12 1 consultation shall focus on minimizing the state and local  
12 2 costs associated with operating the repository.

12 3 d. Engage with other state and local government and  
12 4 nongovernmental entities operating the Iowa health information  
12 5 network under chapter 135 and other data systems that maintain  
12 6 information relating to individuals with information in the  
12 7 central data repository in order to integrate data concerning  
12 8 individuals.

12 9 ~~—e. 2. A county or region shall not be required to utilize a~~  
12 10 ~~uniform data operational or transactional system. However, the~~  
12 11 ~~system utilized shall have the capacity to exchange information~~  
12 12 ~~with the department, counties and regions, contractors, and~~  
12 13 ~~others involved with services to persons with a disability~~  
12 14 ~~who have authorized access to the central data repository.~~  
12 15 ~~The information exchanged shall be labeled consistently~~  
12 16 ~~and share the same definitions. Each county regional~~  
12 17 ~~administrator shall regularly report to the department annually~~  
12 18 ~~on or before December 1, for the preceding fiscal year the~~  
12 19 ~~following information for each individual served: demographic~~  
12 20 ~~information, expenditure data, and data concerning the services~~  
12 21 ~~and other support provided to each individual, as specified~~  
12 22 ~~in administrative rule adopted by the commission by the~~  
12 23 ~~department.~~

12 24 ~~—4. Work with county representatives and other qualified~~  
12 25 ~~persons to develop an implementation plan for replacing the~~  
12 26 ~~county of legal settlement approach to determining service~~  
12 27 ~~system funding responsibilities with an approach based upon~~  
12 28 ~~residency. The plan shall address a statewide standard for~~  
12 29 ~~proof of residency, outline a plan for establishing a data~~  
12 30 ~~system for identifying residency of eligible individuals,~~  
12 31 ~~address residency issues for individuals who began residing in~~  
12 32 ~~a county due to a court order or criminal sentence or to obtain~~  
12 33 ~~services in that county, recommend an approach for contesting~~  
12 34 ~~a residency determination, and address other implementation~~  
12 35 ~~issues.~~

13 1 3. The outcome and performance measures applied to the  
13 2 regional disability services system shall utilize measurement  
13 3 domains. The department may identify other measurement domains  
13 4 in consultation with system stakeholders to be utilized in

13 5 addition to the following initial set of measurement domains:  
 13 6 a. Access to services.  
 13 7 b. Life in the community.  
 13 8 c. Person-centeredness.  
 13 9 d. Health and wellness.  
 13 10 e. Quality of life and safety.  
 13 11 f. Family and natural supports.  
 13 12 4. a. The processes used for collecting outcome and  
 13 13 performance measures data shall include but are not limited  
 13 14 to direct surveys of the individuals and families receiving  
 13 15 services and the providers of the services. The department  
 13 16 shall involve a workgroup of persons who are knowledgeable  
 13 17 about both the regional service system and survey techniques  
 13 18 to implement and maintain the processes. The workgroup shall  
 13 19 conduct an ongoing evaluation for the purpose of eliminating  
 13 20 the collection of information that is not utilized. The  
 13 21 surveys shall be conducted with a conflict-free approach in  
 13 22 which someone other than a provider of services surveys an  
 13 23 individual receiving the services.  
 13 24 b. The outcome and performance measures data shall encompass  
 13 25 and provide a means to evaluate both the regional services and  
 13 26 the services funded by the medical assistance program provided  
 13 27 to the same service populations.  
 13 28 c. The department shall develop and implement an  
 13 29 internet-based approach with graphical display of information  
 13 30 to provide outcome and performance measures data to the public  
 13 31 and those engaged with the regional service system.  
 13 32 d. The department shall include any significant costs for  
 13 33 collecting and interpreting outcome and performance measures  
 13 34 and other data in the department's operating budget.

13 35 Sec. 23. REPEAL. The amendment to section 225C.4,  
 14 1 subsection 1, paragraph j, in 2012 Iowa Acts, chapter 1120,  
 14 2 section 2, is repealed.

CODE: Technical change. This repeals Iowa Code sections that are rewritten in this Bill.

14 3 Sec. 24. REPEAL. The amendments to section 225C.6A, in 2012  
 14 4 Iowa Acts, chapter 1120, sections 6, 7, and 95, are repealed.

CODE: Technical change. This repeals Iowa Code sections that are rewritten in this Bill.

14 5 DIVISION III  
 14 6 CHILDREN'S CABINET

14 7 Sec. 25. NEW SECTION 242.1 FINDINGS.  
 14 8 The general assembly finds there is a need for a  
 14 9 state-level children's cabinet to provide guidance, oversight,  
 14 10 problem-solving, and long-term strategy development, and to  
 14 11 foster collaboration among state and local efforts to build a  
 14 12 comprehensive, coordinated system of care in order to promote

CODE: Specifies that the General Assembly finds there is a need for a state-level children's cabinet to provide guidance, oversight, problem solving, and long-term development strategies to promote the well-being of children in the State.

14 13 the well-being of the children in this state. The system of  
14 14 care should address all domains of child physical, mental,  
14 15 intellectual, developmental, and social health and meet the  
14 16 particular needs of children for family-centered mental health  
14 17 and disability services and for other appropriate specialized  
14 18 services.

14 19 Sec. 26.NEW SECTION 242.2 CHILDREN'S CABINET ESTABLISHED.

CODE: Specifies the membership of the new children's cabinet.

14 20 There is established within the department of human services  
14 21 a children's cabinet.

14 22 1. The voting members of the children's cabinet shall  
14 23 consist of the following:

14 24 a. The director of the department of education or the  
14 25 director's designee.

14 26 b. The director of the department of human services or the  
14 27 director's designee. This member shall be chairperson of the  
14 28 cabinet.

14 29 c. The director of the department of inspections and appeals  
14 30 or the director's designee.

14 31 d. The director of the department of public health or the  
14 32 director's designee.

14 33 e. A parent of a child with a severe emotional disturbance  
14 34 or a disability who is the primary caregiver for that child,  
14 35 appointed by the governor.

15 1 f. A juvenile court judge or juvenile court officer  
15 2 appointed by the chief justice of the supreme court.

15 3 g. A community-based provider of child welfare, health,  
15 4 or juvenile justice services to children, appointed by the  
15 5 director of human services.

15 6 h. A member of the early childhood Iowa state board or the  
15 7 early childhood stakeholders alliance, appointed by the state  
15 8 board.

15 9 i. A community stakeholder who is not affiliated with a  
15 10 provider of services, appointed by the governor.

15 11 j. A member of a child advocacy organization approved by the  
15 12 members of the children's cabinet.

15 13 k. A member of the Iowa chapter of the American academy  
15 14 of pediatrics who has expertise in pediatric health care and  
15 15 addressing the needs of children with special needs, designated  
15 16 by the Iowa chapter.

15 17 l. Not more than three other members designated by  
15 18 the cabinet chairperson to ensure adequate representation  
15 19 of the persons and interests who may be affected by the  
15 20 recommendations made by the cabinet.

15 21 2. In addition to the voting members, there shall be four ex  
15 22 officio, nonvoting members of the children's cabinet. These  
15 23 members shall be two state representatives, one appointed by  
15 24 the speaker of the house of representatives and one by the

15 25 minority leader of the house of representatives, and two state  
15 26 senators, one appointed by the majority leader of the senate  
15 27 and one by the minority leader of the senate.  
15 28 3. a. The voting members, other than department directors  
15 29 and their designees, shall be appointed for four-year terms.  
15 30 The terms of such members begin on May 1 in the year of  
15 31 appointment and expire on April 30 in the year of expiration.  
15 32 b. Vacancies shall be filled in the same manner as original  
15 33 appointments. A vacancy shall be filled for the unexpired  
15 34 term.  
15 35 c. The voting members shall receive actual and necessary  
16 1 expenses incurred in the performance of their duties and  
16 2 legislative members shall be compensated as provided in section  
16 3 2.32A.  
16 4 4. Staffing services for the children's cabinet shall be  
16 5 provided by the department of human services.

CODE: Specifies the duties of the new children's cabinet.

16 6 Sec. 27.NEW SECTION 242.3 DUTIES.  
16 7 The children's cabinet shall perform the following duties  
16 8 in making recommendations to the agencies and organizations  
16 9 represented on the cabinet, the governor, the general assembly,  
16 10 and the judicial branch to address the needs of children and  
16 11 families in this state:  
16 12 1. Recommend operating provisions for health homes for  
16 13 children implemented by the department of human services. The  
16 14 provisions shall include but are not limited to all of the  
16 15 following:  
16 16 a. Identification of quality metrics.  
16 17 b. Identification of performance criteria.  
16 18 c. Provisions for monitoring the implementation of  
16 19 specialized health homes.  
16 20 d. Identification of system of care principles and values  
16 21 based on the recommendations of the workgroup for redesign of  
16 22 publicly funded children's disability services implemented by  
16 23 the department of human services in accordance with 2011 Iowa  
16 24 Acts, chapter 121, section 1, subsection 4, paragraph "i".  
16 25 2. Gather information and improve the understanding of  
16 26 policymakers and the public of how the various service systems  
16 27 intended to meet the needs of children and families operate at  
16 28 the local level.  
16 29 3. Address areas of overlap, gaps, and conflict between  
16 30 service systems.  
16 31 4. Support the evolution of service systems in implementing  
16 32 new services and enhancing existing services to address the  
16 33 needs of children and families through process improvement  
16 34 methodologies.  
16 35 5. Assist policymakers and service system users in  
17 1 understanding and effectively managing system costs.



17 2 6. Ensure services offered are evidence-based.  
17 3 7. Issue guidelines to enable the services and other support  
17 4 which is provided by or under the control of state entities and  
17 5 delivered at the local level to have sufficient flexibility to  
17 6 engage local resources and meet unique needs of children and  
17 7 families.  
17 8 8. Integrate efforts of policymakers and service providers  
17 9 to improve the well-being of community members in addition to  
17 10 children and families.  
17 11 9. Implement strategies so that the children and families  
17 12 engaged with the service systems avoid the need for higher  
17 13 level services and other support.  
17 14 10. Oversee the practices utilized by accountable care  
17 15 organizations and other care management entities operating on  
17 16 behalf of the state in the provision of government supported  
17 17 children's services and systems of care.  
17 18 11. Identify and promote evidence-based practices that may  
17 19 be creatively applied in appropriate settings for prevention  
17 20 and early identification of social, emotional, behavioral, and  
17 21 developmental risk factors for children from birth through age  
17 22 eight.  
17 23 12. Making periodic recommendations to the agencies  
17 24 and organizations represented on the cabinet. An agency or  
17 25 organization receiving such a recommendation shall respond  
17 26 in writing to the children's cabinet detailing how the  
17 27 recommendation was addressed. The response shall be submitted  
17 28 not later than sixty business days following the date of the  
17 29 receipt of the recommendation.  
17 30 13. Submit a report annually by December 15 to the governor,  
17 31 general assembly, and supreme court providing findings and  
17 32 recommendations and issue other reports as deemed necessary by  
17 33 the cabinet.

17 34 Sec. 28. INITIAL TERMS. Notwithstanding section 242.2,  
17 35 subsection 3, paragraph "a", as enacted by this division of  
18 1 this Act, the appointing authorities for the members of the  
18 2 children's cabinet created by this division of this Act who are  
18 3 subject to terms of service shall be coordinated so that the  
18 4 initial terms of approximately half of such members are two  
18 5 years and the remainder are for four years and remain staggered  
18 6 thereafter.

18 7 DIVISION IV  
18 8 CENTER FOR CHILD HEALTH INNOVATION AND EXCELLENCE

18 9 Sec. 29. Section 135.11, Code 2013, is amended by adding the  
18 10 following new subsection:

Provides for appointment of approximately half of the initial voting members of the children's cabinet other than department heads to two-year terms in order to stagger the terms.

Requires the Department of Public Health to create a Center for Child Health Excellence and Innovation.

18 11 NEW SUBSECTION 32. Create and operate, subject to  
18 12 appropriation of funding by the general assembly, a center for  
18 13 child health excellence and innovation. The purpose of the  
18 14 center is to provide a policy forum for efforts to improve  
18 15 child health, including but not limited to improving health  
18 16 quality, demonstrating better health outcomes, and reducing  
18 17 long-term health care costs.

18 18 a. The center shall engage major providers of child health  
18 19 services and associated groups, including but not limited to  
18 20 representatives of the department, the medical assistance  
18 21 program administrator, child health specialty clinics, the  
18 22 association representing community health centers, the state  
18 23 council created by the department for the department's project  
18 24 LAUNCH initiative, staff of institutions of higher education  
18 25 with expertise in pediatric health and child health care, the  
18 26 prevention of disabilities policy council in conjunction with  
18 27 the center for disabilities and development of the university  
18 28 of Iowa's children's hospital, and others.

18 29 b. The center shall lead the review and analysis of public  
18 30 policy efforts that are directed toward the purpose of the  
18 31 center.

18 32 c. The center shall develop community-based initiatives  
18 33 to promote healthy child development, leveraging medical  
18 34 assistance program funding where possible. The initiatives  
18 35 of Iowa shall include but are not limited to the promotion of  
19 1 demonstration programs within the behavioral health managed  
19 2 care contract and the development of a grant application for  
19 3 federal and foundation funding opportunities that focus upon  
19 4 improving child health through innovation and the diffusion of  
19 5 innovation.

19 6 d. The center shall develop an early childhood mental health  
19 7 certification for professionals and others engaged in working  
19 8 with young children.

19 9 e. The center shall draw upon national and state  
19 10 expertise in the field of child health, including experts  
19 11 from Iowa's institutions of higher education, health provider  
19 12 organizations, and health policy and advocacy organizations.  
19 13 The center shall seek support from the Iowa research  
19 14 community in data report development and analysis of available  
19 15 information from Iowa child health data sources.

19 16 f. The center shall work with the departments of human  
19 17 services and public health and with the governor and members  
19 18 of the general assembly in child health public policy efforts  
19 19 such as providing medical assistance funding as necessary to  
19 20 expand the department's initiative to provide for adequate  
19 21 developmental surveillance and screening during a child's first  
19 22 five years to be available statewide and enabling child care  
19 23 resource and referral service agencies to facilitate provision

DETAIL: The purpose of the Center is to provide a policy forum for efforts to improve child health, including but not limited to improving health quality, demonstrating better health outcomes, and reducing long-term health care costs. The creation and operation of the Center is subject to provision of funding by the General Assembly. The Center is required to submit a progress report to the General Assembly annually on December 15th.

19 24 of child mental health consultation for child care providers.  
19 25 g. The center shall submit a report of its activities and  
19 26 policy recommendations to the general assembly by December 15  
19 27 annually.

**FY 2014 Senate File 440 Distribution Plan**

	A	B	A+B=C	D	C-D=E	F	G	F+G=H	C+H=I	I-D=J
		<b>FY13 State Payment</b>		<b>ISAC Est. Non- Medicaid Exp.</b>	<b>FY14 Revenues vs.</b>			<b>Additional</b>	<b>New Total</b>	
<b>County</b>	<b>FY14 Capped Levy</b>	<b>Program and Misc Rev</b>	<b>FY 2014 Total Revenue</b>	<b>FY 13</b>	<b>FY13 Exp.</b>	<b>Stabilization Funds</b>	<b>\$6.00 Per Capita Growth</b>	<b>State \$ to Counties</b>	<b>County FY 14 Revenue</b>	<b>Difference</b>
Clay	\$ 402,866	\$ 49,092	\$ 451,958	\$ 967,030	\$ (515,072)	\$ 515,072	\$ 99,540	\$ 614,612	\$ 1,066,570	\$ 99,540
Dickinson	412,509	229,349	641,858	775,524	(133,666)	133,666	101,394	235,060	876,918	101,394
Emmet	477,717	38,438	516,155	780,697	(264,542)	264,542	60,624	325,166	841,321	60,624
Lyon	248,113	28,988	277,101	547,000	(269,899)	269,899	70,020	339,919	617,020	70,020
O'Brien	570,532	132,848	703,380	648,620	54,760	-	85,260	85,260	788,640	140,020
Osceola	195,225	61,908	257,133	335,030	(77,897)	77,897	38,142	116,039	373,172	38,142
Palo Alto	445,330	75,000	520,330	489,408	30,922	-	56,514	56,514	576,844	87,436
<b>Total</b>	<b>\$ 2,752,292</b>	<b>\$ 615,623</b>	<b>\$ 3,367,915</b>	<b>\$ 4,543,309</b>	<b>\$ (1,175,394)</b>	<b>\$ 1,261,076</b>	<b>\$ 511,494</b>	<b>\$ 1,772,570</b>	<b>\$ 5,140,485</b>	<b>\$ 597,176</b>
Cherokee	\$ 477,158	\$ 60,000	\$ 537,158	\$ 549,917	\$ (12,759)	\$ 12,759	\$ 72,414	\$ 85,173	\$ 622,331	\$ 72,414
Plymouth	363,771	246,800	610,571	801,001	(190,430)	190,430	149,376	339,806	950,377	149,376
Sioux	1,027,388	45,021	1,072,409	1,003,954	68,455	-	203,400	203,400	1,275,809	271,855
Woodbury	3,564,086	845,828	4,409,914	4,763,168	(353,254)	353,254	615,054	968,308	5,378,222	615,054
<b>Total</b>	<b>\$ 5,432,403</b>	<b>\$ 1,197,649</b>	<b>\$ 6,630,052</b>	<b>\$ 7,118,040</b>	<b>\$ (487,988)</b>	<b>\$ 556,443</b>	<b>\$ 1,040,244</b>	<b>\$ 1,596,687</b>	<b>\$ 8,226,739</b>	<b>\$ 1,108,699</b>
<b>CSS*</b>	<b>\$ 19,886,666</b>	<b>\$ 1,043,296</b>	<b>\$ 20,929,962</b>	<b>\$ 21,023,758</b>	<b>\$ (93,796)</b>	<b>\$ 93,796</b>	<b>\$ 2,738,748</b>	<b>\$ 2,832,544</b>	<b>\$ 23,762,506</b>	<b>\$ 2,738,748</b>
Buena Vista	\$ 669,512	\$ 12,581	\$ 682,093	\$ 865,206	\$ (183,113)	\$ 183,113	\$ 122,436	\$ 305,549	\$ 987,642	\$ 122,436
Calhoun	431,560	16,584	448,144	370,000	78,144	-	57,756	57,756	505,900	135,900
Crawford	816,857	18,380	835,237	695,000	140,237	-	103,662	103,662	938,899	243,899
Sac	484,194	5,253	489,447	514,348	(24,901)	24,901	61,446	86,347	575,794	61,446
<b>Total</b>	<b>\$ 2,402,123</b>	<b>\$ 52,798</b>	<b>\$ 2,454,921</b>	<b>\$ 2,444,554</b>	<b>\$ 10,367</b>	<b>\$ 208,014</b>	<b>\$ 345,300</b>	<b>\$ 553,314</b>	<b>\$ 3,008,235</b>	<b>\$ 563,681</b>
Boone	\$ 878,976	\$ 116,553	\$ 995,529	\$ 1,083,000	\$ (87,471)	\$ 87,471	\$ 157,530	\$ 245,001	\$ 1,240,530	\$ 157,530
Franklin	358,934	-	358,934	250,000	108,934	-	64,380	64,380	423,314	173,314
Hamilton	734,637	25,000	759,637	719,123	40,514	-	93,228	93,228	852,865	133,742
Hardin	823,901	9,600	833,501	450,000	383,501	-	104,556	104,556	938,057	488,057
Madison	534,189	15,000	549,189	715,311	(166,122)	166,122	94,674	260,796	809,985	94,674
Marshall	1,937,534	100,000	2,037,534	1,889,459	148,075	-	245,880	245,880	2,283,414	393,955
Story	3,066,575	707,651	3,774,226	4,050,281	(276,055)	276,055	537,978	814,033	4,588,259	537,978
<b>Total</b>	<b>\$ 8,334,746</b>	<b>\$ 973,804</b>	<b>\$ 9,308,550</b>	<b>\$ 9,157,174</b>	<b>\$ 151,376</b>	<b>\$ 529,648</b>	<b>\$ 1,298,226</b>	<b>\$ 1,827,874</b>	<b>\$ 11,136,424</b>	<b>\$ 1,979,250</b>

**FY 2014 Senate File 440 Distribution Plan**

	A	B	A+B=C	D	C-D=E	F	G	F+G=H	C+H=I	I-D=J
County	FY14 Capped Levy	FY13 State Payment Program and Misc Rev	FY 2014 Total Revenue	ISAC Est. Non- Medicaid Exp. FY 13	FY14 Revenues vs. FY13 Exp.	Stabilization Funds	\$6.00 Per Capita Growth	Additional State \$ to Counties	New Total County FY 14 Revenue	Difference
Decatur	\$ 321,858	\$ 6,000	\$ 327,858	\$ 243,550	\$ 84,308	\$ -	\$ 49,704	\$ 49,704	\$ 377,562	\$ 134,012
Lucas	418,286	71,442	489,728	444,562	45,166	-	53,082	53,082	542,810	98,248
Monroe	340,278	48,698	388,976	343,266	45,710	-	48,336	48,336	437,312	94,046
Ringgold	242,026	-	242,026	239,708	2,318	-	30,714	30,714	272,740	33,032
Wayne	254,099	43,659	297,758	358,554	(60,796)	60,796	37,854	98,650	396,408	37,854
<b>Total</b>	<b>\$ 1,576,547</b>	<b>\$ 169,799</b>	<b>\$ 1,746,346</b>	<b>\$ 1,629,640</b>	<b>\$ 116,706</b>	<b>\$ 60,796</b>	<b>\$ 219,690</b>	<b>\$ 280,486</b>	<b>\$ 2,026,832</b>	<b>\$ 397,192</b>
Cass	\$ 653,268	\$ 151,900	\$ 805,168	\$ 618,905	\$ 186,263	\$ -	\$ 82,902	\$ 82,902	\$ 888,070	\$ 269,165
Fremont	348,312	15,000	363,312	336,736	26,576	-	44,202	44,202	407,514	70,778
Harrison	701,068	39,933	741,001	794,267	(53,266)	53,266	88,968	142,234	883,235	88,968
Mills	609,781	30,350	640,131	430,116	210,015	-	89,952	89,952	730,083	299,967
Monona	375,993	41,721	417,714	443,404	(25,690)	25,690	55,434	81,124	498,838	55,434
Montgomery	369,740	48,553	418,293	472,509	(54,216)	54,216	63,840	118,056	536,349	63,840
Page	652,027	138,260	790,287	989,798	(199,511)	199,511	95,922	295,433	1,085,720	95,922
Pottawattamie	4,421,531	435,000	4,856,531	4,486,956	369,575	-	561,108	561,108	5,417,639	930,683
Shelby	569,204	91,008	660,212	1,004,267	(344,055)	344,055	72,234	416,289	1,076,501	72,234
<b>Total</b>	<b>\$ 8,700,923</b>	<b>\$ 991,725</b>	<b>\$ 9,692,648</b>	<b>\$ 9,576,958</b>	<b>\$ 115,690</b>	<b>\$ 676,738</b>	<b>\$ 1,154,562</b>	<b>\$ 1,831,300</b>	<b>\$ 11,523,949</b>	<b>\$ 1,946,991</b>
Adair	\$ 309,066	\$ -	\$ 309,066	\$ 344,004	\$ (34,938)	\$ 34,938	\$ 45,162	\$ 80,100	\$ 389,166	\$ 45,162
Adams	189,309	51,583	240,892	255,809	(14,917)	14,917	24,024	38,941	279,833	24,024
Clarke	430,559	10,704	441,263	433,394	7,869	-	56,136	56,136	497,399	64,005
Taylor	140,346	7,349	147,695	220,638	(72,943)	72,943	37,830	110,773	258,468	37,830
Union	593,128	13,636	606,764	724,619	(117,855)	117,855	75,270	193,125	799,889	75,270
<b>Total</b>	<b>\$ 1,662,408</b>	<b>\$ 83,272</b>	<b>\$ 1,745,680</b>	<b>\$ 1,978,464</b>	<b>\$ (232,784)</b>	<b>\$ 240,653</b>	<b>\$ 238,422</b>	<b>\$ 479,075</b>	<b>\$ 2,224,755</b>	<b>\$ 246,291</b>

**FY 2014 Senate File 440 Distribution Plan**

	A	B	A+B=C	D	C-D=E	F	G	F+G=H	C+H=I	I-D=J
County	FY14 Capped Levy	FY13 State Payment Program and Misc Rev	FY 2014 Total Revenue	ISAC Est. Non-Medicaid Exp. FY 13	FY14 Revenues vs. FY13 Exp.	Stabilization Funds	\$6.00 Per Capita Growth	Additional State \$ to Counties	New Total County FY 14 Revenue	Difference
Audubon	\$ 285,288	\$ 20,000	\$ 305,288	\$ 282,009	\$ 23,279	\$ -	\$ 36,204	\$ 36,204	\$ 341,492	\$ 59,483
Dallas	1,524,538	210,844	1,735,382	2,200,000	(464,618)	464,618	416,664	881,282	2,616,664	416,664
Greene	438,995	35,000	473,995	423,013	50,982	-	55,710	55,710	529,705	106,692
Guthrie	515,399	28,104	543,503	507,616	35,887	-	65,406	65,406	608,909	101,293
Warren	1,084,011	65,104	1,149,115	1,299,143	(150,028)	150,028	280,392	430,420	1,579,535	280,392
<b>Total</b>	<b>\$ 3,848,231</b>	<b>\$ 359,052</b>	<b>\$ 4,207,283</b>	<b>\$ 4,711,781</b>	<b>\$ (504,498)</b>	<b>\$ 614,646</b>	<b>\$ 854,376</b>	<b>\$ 1,469,022</b>	<b>\$ 5,676,304</b>	<b>\$ 964,524</b>
Jasper	\$ 1,727,942	\$ 45,000	\$ 1,772,942	\$ 1,008,976	\$ 763,966	\$ -	\$ 219,282	\$ 219,282	\$ 1,992,224	\$ 983,248
Mahaska	1,065,218	122,157	1,187,375	1,043,433	143,942	-	135,180	135,180	1,322,555	279,122
Marion	1,089,896	144,156	1,234,052	899,421	334,631	-	200,010	200,010	1,434,062	534,641
Poweshiek	444,227	20,283	464,510	450,000	14,510	-	112,824	112,824	577,334	127,334
<b>Total</b>	<b>\$ 4,327,284</b>	<b>\$ 331,596</b>	<b>\$ 4,658,880</b>	<b>\$ 3,401,830</b>	<b>\$ 1,257,050</b>	<b>\$ -</b>	<b>\$ 667,296</b>	<b>\$ 667,296</b>	<b>\$ 5,326,176</b>	<b>\$ 1,924,346</b>
Benton	\$ 908,642	\$ 17,801	\$ 926,443	\$ 825,662	\$ 100,781	\$ -	\$ 156,552	\$ 156,552	\$ 1,082,995	\$ 257,333
Delaware	834,870	93,341	928,211	1,035,912	(107,701)	107,701	105,948	213,649	1,141,860	105,948
Dubuque	4,474,957	589,978	5,064,935	3,954,605	1,110,330	-	567,888	567,888	5,632,823	1,678,218
Iowa	729,235	27,000	756,235	736,527	19,708	-	97,920	97,920	854,155	117,628
Johnson	3,138,395	681,296	3,819,691	4,417,000	(597,309)	597,309	798,228	1,395,537	5,215,228	798,228
Bremer	1,148,006	66,000	1,214,006	998,835	215,171	-	145,686	145,686	1,359,692	360,857
Buchanan	989,239	25,000	1,014,239	790,000	224,239	-	125,538	125,538	1,139,777	349,777
Jones	883,021	13,800	896,821	944,730	(47,909)	47,909	123,648	171,557	1,068,378	123,648
Linn	8,195,141	2,895,000	11,090,141	11,257,790	(167,649)	167,649	1,283,250	1,450,899	12,541,040	1,283,250
<b>Total</b>	<b>\$ 21,301,507</b>	<b>\$ 4,409,216</b>	<b>\$ 25,710,723</b>	<b>\$ 24,961,061</b>	<b>\$ 749,662</b>	<b>\$ 920,568</b>	<b>\$ 3,404,658</b>	<b>\$ 4,325,226</b>	<b>\$ 30,035,949</b>	<b>\$ 5,074,888</b>
Cedar	\$ 869,952	\$ 20,000	\$ 889,952	\$ 861,027	\$ 28,925	\$ -	\$ 110,400	\$ 110,400	\$ 1,000,352	\$ 139,325
Clinton	2,317,429	343,550	2,660,979	2,745,140	(84,161)	84,161	294,090	378,251	3,039,230	294,090
Jackson	787,145	101,909	889,054	900,000	(10,946)	10,946	118,776	129,722	1,018,776	118,776
Muscatine	2,024,293	420,094	2,444,387	2,026,078	418,309	-	256,890	256,890	2,701,277	675,199
Scott	3,308,032	839,343	4,147,375	6,208,291	(2,060,916)	2,060,916	1,002,570	3,063,486	7,210,861	1,002,570
<b>Total</b>	<b>\$ 9,306,851</b>	<b>\$ 1,724,896</b>	<b>\$ 11,031,747</b>	<b>\$ 12,740,536</b>	<b>\$ (1,708,789)</b>	<b>\$ 2,156,023</b>	<b>\$ 1,782,726</b>	<b>\$ 3,938,749</b>	<b>\$ 14,970,496</b>	<b>\$ 2,229,960</b>
Appanoose	\$ 605,042	\$ 22,144	\$ 627,186	\$ 592,219	\$ 34,967	\$ -	\$ 76,782	\$ 76,782	\$ 703,968	\$ 111,749
Davis	415,449	-	415,449	426,870	(11,421)	11,421	52,722	64,143	479,592	52,722
Wapello	1,674,705	183,230	1,857,935	1,635,651	222,284	-	212,526	212,526	2,070,461	434,810
<b>Total</b>	<b>\$ 2,695,196</b>	<b>\$ 205,374</b>	<b>\$ 2,900,570</b>	<b>\$ 2,654,740</b>	<b>\$ 245,830</b>	<b>\$ 11,421</b>	<b>\$ 342,030</b>	<b>\$ 353,451</b>	<b>\$ 3,254,021</b>	<b>\$ 599,281</b>

# FY 2014 Senate File 440 Distribution Plan

	A	B	A+B=C	D	C-D=E	F	G	F+G=H	C+H=I	I-D=J
County	FY14 Capped Levy	FY13 State Payment Program and Misc Rev	FY 2014 Total Revenue	ISAC Est. Non-Medicaid Exp. FY 13	FY14 Revenues vs. FY13 Exp.	Stabilization Funds	\$6.00 Per Capita Growth	Additional State \$ to Counties	New Total County FY 14 Revenue	Difference
Des Moines	\$ 1,751,030	\$ 182,782	\$ 1,933,812	\$ 2,388,459	\$ (454,647)	\$ 454,647	\$ 241,014	\$ 695,661	\$ 2,629,473	\$ 241,014
Henry	846,381	30,000	876,381	475,396	400,985	-	121,704	121,704	998,085	522,689
Keokuk	490,075	12,000	502,075	479,415	22,660	-	62,268	62,268	564,343	84,928
Lee	1,684,161	753,735	2,437,896	2,729,073	(291,177)	291,177	213,726	504,903	2,942,799	213,726
Louisa	537,526	13,566	551,092	521,716	29,376	-	68,214	68,214	619,306	97,590
Washington	781,141	133,165	914,306	516,793	397,513	-	131,130	131,130	1,045,436	528,643
<b>Total</b>	<b>\$ 6,090,314</b>	<b>\$ 1,125,248</b>	<b>\$ 7,215,562</b>	<b>\$ 7,110,852</b>	<b>\$ 104,710</b>	<b>\$ 745,824</b>	<b>\$ 838,056</b>	<b>\$ 1,583,880</b>	<b>\$ 8,799,442</b>	<b>\$ 1,688,590</b>
<b>Remaining Counties - These counties are not a region</b>										
Carroll	\$ 986,308	\$ 87,613	\$ 1,073,921	\$ 1,144,147	\$ (70,226)	\$ 70,226	\$ 125,166	\$ 195,392	\$ 1,269,313	\$ 125,166
Ida	300,889	-	300,889	400,483	(99,594)	99,594	42,516	142,110	442,999	42,516
Jefferson	607,300	38,204	645,504	775,524	(130,020)	130,020	100,890	230,910	876,414	100,890
Polk	14,439,175	1,233,826	15,673,001	18,735,165	(3,062,164)	3,062,164	2,624,394	5,686,558	21,359,559	2,624,394
Van Buren	314,328	50,622	364,950	147,000	217,950	-	45,060	45,060	410,010	263,010
<b>Total</b>	<b>\$ 16,648,000</b>	<b>\$ 1,410,265</b>	<b>\$ 18,058,265</b>	<b>\$ 21,202,319</b>	<b>\$ (3,144,054)</b>	<b>\$ 3,362,004</b>	<b>\$ 2,938,026</b>	<b>\$ 6,300,030</b>	<b>\$ 24,358,295</b>	<b>\$ 3,155,976</b>
<b>TOTAL</b>	<b>\$ 114,965,492</b>	<b>\$ 14,693,613</b>	<b>\$ 129,659,105</b>	<b>\$ 134,255,015</b>	<b>\$ (4,595,910)</b>	<b>\$ 11,437,649</b>	<b>\$ 18,373,854</b>	<b>\$ 29,811,503</b>	<b>\$ 159,470,608</b>	<b>\$ 25,215,592</b>

\*The CSS Region includes the following counties: Allamakee, Black Hawk, Butler, Cerro Gordo, Chickasaw, Clayton, Fayette, Floyd, Grundy, Hancock, Howard, Humboldt, Kossuth, Mitchell, Pocahontas, Tama, Webster, Winnebago, Winneshiek, Worth, Wright.

\*\*The "Additional State \$ to Counties" coulmn does not add to the total appropriation due to rounding the per capita growth to the nearest dollar. The additional \$8,975 will be distributed through the formula though.